

City of Elkins
Application for Business License

Name of Business: _____

Type of Business
(corp. sole proprietorship, etc.) _____

Physical Address of Business: _____

Phone Number of Business: _____

Nature of Business: _____

Owner of Business: _____

Federal ID#: _____

State ID#: _____ DOB: _____

After Hours Contact: _____

Phone Number(s) of After Hours Contact: _____

Name of Person Completing Application (please print): _____

Title: _____

Signature of Applicant

Date of Application

DO NOT WRITE BELOW THIS LINE

City Inspector

Date

Fire Department Representative

Date

City of Elkins - Mayor

Date

Business License #

Issue Date